

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **07-01-2021**, and ending **06-30-2022**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: CATHOLIC CHARITIES OF LOS ANGELES INC
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1531 JAMES M WOOD BLVD
 City or town, state or province, country, and ZIP or foreign postal code: LOS ANGELES, CA 90015

D Employer identification number: 95-1690973
E Telephone number: (213) 251-3410
G Gross receipts \$ 68,844,497

F Name and address of principal officer: MONSIGNOR GREGORY A COX, 1531 JAMES M WOOD BLVD, LOS ANGELES, CA 90015

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number ▶ 0928

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CATHOLICCHARITIESLA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1937 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CCLA PROVIDED OVER 345,000 SERVICES TO OVER 36,000 CLIENTS AT 47 LOCATIONS (20 CENTERS, 10 SHELTERS, & 18 PROGRAM SITES) IN THE LOS ANGELES, VENTURA & SANTA BARBARA COUNTIES, REGARDLESS OF RACE, RELIGION, GENDER, AGE OR DISABILITY. THE CONTINUED PANDEMIC SIGNIFICANTLY AFFECTED MANY OF THE CLIENTS AND PROGRAMS WE OPERATE. ADDITIONAL REQUIREMENTS, SOCIAL DISTANCE RESTRICTIONS AND PERIODIC CLOSURES DUE TO INFECTION EXPOSURES ALL FACTORED INTO THE REASONS FOR LOWER THAN NORMAL ANNUAL SERVICES PROVIDED AND CLIENTS SERVED.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	449		
	6 Total number of volunteers (estimate if necessary)	6	1,159		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	45,425,092	Current Year	39,567,088
	9 Program service revenue (Part VIII, line 2g)		9,617,345		13,835,112
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,510,634		870,562
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		291,412		194,951
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		56,844,483		54,467,713
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,519	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			20,413,090		22,257,450
16a Professional fundraising fees (Part IX, column (A), line 11e)			21,148		43,394
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 605,217					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			27,087,597		30,510,249
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		47,557,354		52,855,435	
19 Revenue less expenses. Subtract line 18 from line 12		9,287,129		1,612,278	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	401,651,832	End of Year	388,711,285
	21 Total liabilities (Part X, line 26)		11,861,621		12,150,456
	22 Net assets or fund balances. Subtract line 21 from line 20		389,790,211		376,560,829

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2023-05-11
 MONSIGNOR GREGORY A COX EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2023-05-10
 Check if self-employed PTIN: P00650274
 Firm's name ▶ ARMANINO LLP Firm's EIN ▶ 94-6214841
 Firm's address ▶ 11766 WILSHIRE BLVD 9TH FLOOR Phone no. (310) 478-4148
 LOS ANGELES, CA 90025

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

CCLA IS COMMITTED TO MANIFESTING CHRIST'S SPIRIT BY COLLABORATING WITH DIVERSE COMMUNITIES, PROVIDING SERVICES TO THE POOR & VULNERABLE, PROMOTING HUMAN DIGNITY & ADVOCATING FOR SOCIAL JUSTICE. (FOR MORE DETAILS PLEASE SEE SCHEDULE O.)CCLA PROFESSIONALLY & COMPASSIONATELY SERVES THOSE WHO COME TO IT PROVIDING A HOLISTIC COMBINATION OF SERVICES THAT REMOVE BARRIERS TO SELF-SUFFICIENCY & WHOLENESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,932,028 including grants of \$ 5,000) (Revenue \$ 172,231) See Additional Data

4b (Code:) (Expenses \$ 13,502,192 including grants of \$) (Revenue \$ 13,168,581) See Additional Data

4c (Code:) (Expenses \$ 11,008,317 including grants of \$) (Revenue \$ 217,601) See Additional Data

(Code:) (Expenses \$ 7,686,346 including grants of \$ 39,342) (Revenue \$ 272,829)

ALL OTHER PROGRAMS: YOUTH EMPLOYMENT SERVICES (AYES) HAS OPERATED FEDERALLY FUNDED JOB TRAINING PROGRAMS SINCE 1965 WHEN IT WAS ASKED BY THE U.S. DEPARTMENT OF LABOR TO PARTICIPATE IN THE WAR ON POVERTY. SINCE THEN, AYES PROUDLY CONTINUES TO SUPPORT DISADVANTAGED YOUNG PEOPLE. IN FISCAL 2022, AYES PROVIDED OVER 10,537 SERVICES TO OVER 2,487 UNDER-PRIVILEGED YOUTH AND YOUNG ADULTS SUCH AS JOB TRAINING, EDUCATIONAL AND CAREER SERVICES UNDER THE COMBINED WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA), COMMUNITY SERVICES BLOCK GRANT AND LA COUNTY & CITY SUMMER JOB PROGRAMS. THIS IS ACCOMPLISHED BY PARTNERSHIPS WITH A NETWORK OF OVER 400 EMPLOYERS SUCH AS BANK OF AMERICA, ROSS-DRESS-FOR-LESS, WALGREENS, WSS (WAREHOUSE SHOE SALE), FOOTLOCKER, GOOD SAMARITAN HOSPITAL, LA SCHOOL POLICE DEPARTMENT, AND QUEEN OF ANGELES HOSPITAL, AS WELL AS LITERALLY HUNDREDS OF OTHER BUSINESSES, EDUCATIONAL INSTITUTIONS, AND COMMUNITY AGENCIES. THROUGH THESE PARTNERS CCLA WAS ABLE TO FURNISH YOUTH WITH OPPORTUNITIES THAT LED TO SELF SUFFICIENCY AND SUCCESS. FOUNDATION GRANTS OFFERED YEAR-ROUND PAID INTERNSHIPS AND ASSISTANCE WITH SPECIAL NEEDS SUCH AS HOUSING, CHILDCARE AND OTHER NECESSITIES WHICH ARE NOT NORMALLY COVERED BY PUBLIC GRANTS.WITH FIELD OFFICES IN CENTRAL AND DOWNTOWN LA, EAST LA, HOLLYWOOD, AND SOUTH LA, AYES ALSO COLLABORATES WITH MANY EDUCATION AND NON-PROFIT ORGANIZATIONS SUCH AS LA TRADE TECH COLLEGE, LA UNIFIED SCHOOL DISTRICT, PF BRESEE FOUNDATION, COVENANT HOUSE, MOUNT ST. MARY'S COLLEGE, LA COMMUNITY COLLEGES AND USC. THESE PARTNERSHIPS ALLOW US TO SHARE INFORMATION AND RESOURCES TO PROMOTE A COMPREHENSIVE YOUTH DELIVERY SYSTEM WITH PROGRAM OUTCOMES INCLUDING JOB PLACEMENT, ENTRY INTO POST-SECONDARY EDUCATION OR ADVANCED TRAINING, CREDENTIAL ATTAINMENT OR HIGH SCHOOL DIPLOMA AND LITERACY- NUMERACY GAINS. THESE JOBS NOT ONLY SUPPLY INCOME FOR YOUTH, BUT ALSO OFFER EXPOSURE TO MAINSTREAM CULTURE. SUCH EXPERIENCE TEACHES ESTABLISHED SOCIAL NORMS, REAL WORLD WORK ETHICS AND ESSENTIAL SKILLS THAT CAN HELP THE TEENS TO OBTAIN BETTER EMPLOYMENT OR PURSUE A COLLEGE EDUCATION. IMPROVING THE FINANCIAL HEALTH OF FAMILIES CAN ENHANCE THE FINANCIAL OUTLOOK AND OPPORTUNITIES FOR THE ENTIRE COMMUNITY.CYO (CATHOLIC YOUTH ORGANIZATION) OFFERED AFTER-SCHOOL AND WEEKEND ATHLETIC PROGRAMS FOR BOYS AND GIRLS IN THE THIRD THROUGH EIGHTH GRADES ATTENDING CATHOLIC SCHOOLS. CYO PROMOTED TEN INTERSCHOLASTIC SPORTS - FLAG FOOTBALL, VOLLEYBALL, BASKETBALL, SOFTBALL, SOCCER, TRACK & FIELD, CROSS COUNTRY, BOWLING, GOLF, AND CHEER FOR STUDENTS. THROUGHOUT ITS HISTORY, THOUSANDS OF YOUTH, WHO MIGHT NOT OTHERWISE HAVE HAD ACCESS TO ORGANIZED SPORTS, HAVE HAD FUN, BUILT CONFIDENCE AND LEARNED THE VALUES OF DISCIPLINE, GOAL SETTING AND INNER STRENGTH. IN FISCAL 2022, CYO SERVED ALMOST 5,314 YOUTH. THE PANDEMIC RESULTED IN MANY CANCELED ACTIVITIES GREATLY IMPACTING OUR ABILITY TO OFFER THESE ACTIVITIES, HOWEVER CREATIVE PROGRAMS WERE DEVELOPED TO AT LEAST ENGAGE SOME WITH ON-LINE EVENTS.IN ADDITION TO THE YOUTH, EACH YEAR CYO TRAINS COACHES AND PARENTS THROUGH THE "PLAY LIKE A CHAMPION" PROGRAM DEVELOPED BY THE CENTER FOR ETHICAL EDUCATION AT THE UNIVERSITY OF NOTRE DAME. CYO CONTINUES TO PROVIDE THE CHILDREN OF LOS ANGELES COUNTY- MANY OF WHOM ARE CONSIDERED "AT RISK" - WITH A QUALITY ATHLETIC PROGRAM THAT ENHANCES THEIR PHYSICAL AND MENTAL DEVELOPMENT AND MATURITY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,686,346 including grants of \$ 39,342) (Revenue \$ 272,829)

4e Total program service expenses 47,128,883

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
11b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 main columns: Question/Description, 2a, 2b, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 1a (38), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17 (states), 18 (public inspection), 19 (governing documents), 20 (books and records).

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,635,257				
	d Related organizations	1d	3,283,490				
	e Government grants (contributions)	1e	19,518,126				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,130,215				
	g Noncash contributions included in lines 1a - 1f:\$	1g	7,731,891				
	h Total. Add lines 1a-1f			39,567,088			
Program Service Revenue	2a CITIZENSHIP/IMMIGRAT.	Business Code					
		900099	7,403,413	7,403,413			
	b LEGAL SERVICES	541100	5,740,588	5,740,588			
	c OTHER PROGRAM REVENUE	900099	298,087	298,087			
	d YOUTH SPORTS LEAGUE	713990	272,829	272,829			
	e DAYCARE TUITION	624410	120,195	120,195			
	f All other program service revenue						
g Total. Add lines 2a-2f.		13,835,112					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		44,277			44,277	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
		d Net gain or (loss)		826,285			826,285
	8a Gross income from fundraising events (not including \$ 1,635,257 of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses		636,408			
		c Net income or (loss) from fundraising events		95,460			95,460
	9a Gross income from gaming activities. See Part IV, line 19						
		9b Less: direct expenses					
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances							
	10b Less: cost of goods sold		382,833				
	c Net income or (loss) from sales of inventory		-3,870		-3,870		
Miscellaneous Revenue			Business Code				
11a OTHER		900099	99,536			99,536	
b CYO SALES		711210	3,825			3,825	
c							
d All other revenue							
e Total. Add lines 11a-11d			103,361				
12 Total revenue. See instructions			54,467,713	13,831,242	0	1,069,383	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	44,342	44,342		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	303,945		303,945	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,510,452	15,117,730	2,084,372	308,350
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	717,094	610,117	90,985	15,992
9 Other employee benefits	1,959,613	1,710,567	212,813	36,233
10 Payroll taxes	1,766,346	1,537,274	205,852	23,220
11 Fees for services (non-employees):				
a Management				
b Legal	1,614	1,190	424	
c Accounting	119,598	103,532	15,115	951
d Lobbying				
e Professional fundraising services. See Part IV, line 17	43,394			43,394
f Investment management fees	54,543		54,543	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,373,557	8,264,827	100,809	7,921
12 Advertising and promotion	23,275			23,275
13 Office expenses	1,209,753	744,444	375,968	89,341
14 Information technology	674,711	320,761	328,680	25,270
15 Royalties				
16 Occupancy	3,268,713	2,838,924	404,961	24,828
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	7,283	6,771	512	
19 Conferences, conventions, and meetings	151,765	48,689	103,076	
20 Interest	72,200	72,200		
21 Payments to affiliates	42,431		42,431	
22 Depreciation, depletion, and amortization	668,665	636,319	32,346	
23 Insurance	738,886	669,140	63,304	6,442
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EMERGENCY AND FINANCIAL	11,046,991	11,046,991		
b PARTICIPANT PAYROLL	3,034,460	3,034,460		
c OPERATING & OTHER	833,047	146,124	686,923	
d VEHICLES & MILEAGE	188,757	174,481	14,276	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	52,855,435	47,128,883	5,121,335	605,217
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,277,255	1	7,333,461
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,997,261	4	7,212,339
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	600,185	9	661,581
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,955,291		
	b Less: accumulated depreciation	10b 12,286,209	41,911,698	10c 41,669,082
	11 Investments—publicly traded securities	36,037,563	11	26,631,887
	12 Investments—other securities. See Part IV, line 11	2,697,639	12	5,935,329
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	311,130,231	15	299,267,606
16 Total assets. Add lines 1 through 15 (must equal line 33)	401,651,832	16	388,711,285	
Liabilities	17 Accounts payable and accrued expenses	5,941,623	17	5,455,594
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,110,300	23	3,182,500
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	2,809,698	25	3,512,362
	26 Total liabilities. Add lines 17 through 25	11,861,621	26	12,150,456
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	65,831,083	27	65,010,457
	28 Net assets with donor restrictions	323,959,128	28	311,550,372
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	389,790,211	32	376,560,829	
33 Total liabilities and net assets/fund balances	401,651,832	33	388,711,285	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,467,713
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,855,435
3	Revenue less expenses. Subtract line 2 from line 1	3	1,612,278
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	389,790,211
5	Net unrealized gains (losses) on investments	5	-2,979,035
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,862,625
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	376,560,829

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 95-1690973

Name: CATHOLIC CHARITIES OF LOS ANGELES INC

Form 990 (2021)

Form 990, Part III, Line 4a:

COMMUNITY CENTERS: CCLA'S COMMUNITY CENTERS AT 20 STRATEGICALLY LOCATED SITES. THEY ARE THE FIRST POINT OF HELP FOR PEOPLE IN NEED. THE CENTERS OFFER SUPPORTIVE SERVICES AIMED AT BREAKING CYCLES OF POVERTY AND HOMELESSNESS IN COMMUNITIES. IN ADDITION TO EMERGENCY DISASTER SERVICES AND BASIC NEEDS SERVICES SUCH AS PROVIDING FOOD, CLOTHING, RENT, AND UTILITIES PAYMENTS, THE CENTERS DELIVER LIFE-CHANGING SERVICES, INCLUDING: JOB TRAINING, ENGLISH AS A SECOND LANGUAGE FINANCIAL LITERACY, GED PREPARATION.

Form 990, Part III, Line 4b:

IMMIGRATION AND REFUGEES - CCLA BEGAN PROVIDING IMMIGRATION ASSISTANCE AFTER WORLD WAR II WITH THE RESTATEMENT OF HUNGARIAN REFUGEES IN LOS ANGELES. TODAY, REFUGEES COME FROM A MULTITUDE OF OTHER COUNTRIES INCLUDING: IRAQ, IRAN, HAITI, SOMALIA, BURMA AND BOTH CENTRAL AND SOUTH AMERICA. WE PROVIDE FOUR MAIN SERVICES: 1) EMPLOYMENT SUPPORT SERVICES AND LIFE-SKILLS WORKSHOPS; 2) REFUGEE RESETTLEMENT PROGRAM (RRP) OFFERED AN ARRAY OF SERVICES SUCH AS JOB READINESS WORKSHOPS AND ESL CLASSES TO REFUGEES; 3) IMMIGRATION SERVICES AND 4) ESPERANZA, WHICH PROVIDED LEGAL SERVICES SUCH AS SPECIAL VISAS FOR ABUSED, ABANDONED.

Form 990, Part III, Line 4c:

THE SHELTER PROGRAMS OF CATHOLIC CHARITIES ARE AIMED AT ENDING HOMELESSNESS AND STABILIZING CLIENTS' LIVES THROUGH HOUSING, EMPLOYMENT AND SUPPORTIVE SERVICES. THEY ARE DESIGNED TO MOVE CLIENTS FROM "IN CRISIS" SITUATIONS TO A SAFE AND STABLE HOUSING. OF CATHOLIC CHARITIES NINE EMERGENCY AND TRANSITIONAL HOUSING PROGRAMS, FOUR ARE SOLELY FOR WOMEN AND WOMEN WITH CHILDREN. LANGUILLE EMERGENCY SHELTER, HAWKES TRANSITIONAL RESIDENCE AND FARLEY HOUSE, ALL PART OF GOOD SHEPHERD CENTER (GSC). GOOD SHEPHERD SHELTER IS ANOTHER PROGRAM THAT IS A TRANSITIONAL TREATMENT AND EDUCATION-BASED SHELTER FOR WOMEN AND THEIR CHILDREN WHO ARE HEALING FROM DOMESTIC VIOLENCE. CATHOLIC CHARITIES ALSO OPERATES TWO SHELTERS TO SUPPORT THE NEEDS OF TRANSITIONAL YOUTH. (FOR MORE DETAILS PLEASE SEE SCHEDULE O.)PROJECT ACHIEVE IS A 59-BED, YEAR ROUND EMERGENCY SHELTER. ELIZABETH ANN SETON RESIDENCE IN LONG BEACH IS AN EMERGENCY SHELTER OF UP TO 45 DAYS, SERVING FAMILIES, PREGNANT WOMEN, DISABLED SINGLES AND THE ELDERLY. THE SMALLEST OF OUR SHELTERS, MCGILL STREET HOUSE, A TRANSITIONAL FACILITY OWNED BY THE CITY OF COVINA IS DESIGNED TO SERVE 2 FAMILY UNITS (A TOTAL OF 7 BEDS) AT A TIME.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARNOLD ALEXANDRIA DEVELOPMENT & COMMUNICATION	40.00					X		183,872	0	27,649
O'BRIEN DANIEL CFO	40.00			X				155,683	0	50,059
VAVOUDIS JOHNATHAN IT	40.00					X		137,852	0	23,595
RATLEFF LELAND HR DIRECTOR	40.00					X		138,927	0	11,668
THOMAS BRENDA INTRA AGENCY DIRECTOR	40.00					X		105,002	0	38,692
GUITIERREZ ROBERT AYE DIRECTOR	40.00					X		109,964	0	20,875
COX REV MSGR GREGORY A EXEC VP	40.00	X		X				61,654	0	29,427
GOMEZ ARCHBISHOP JOSE H CHAIRMAN	0.50	X		X				0	0	0
TOSETTI PAUL D PRESIDENT	0.50	X		X				0	0	0
MONTROYA REV MSGR PAUL M VP	0.50	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN JR VINCENT F TREASURER	0.50	X		X				0	0	0
MCALPIN-GRANT ESQ LOLA SECRETARY	0.50	X		X				0	0	0
AMARAL GUSTAVO GARY A TRUSTEE	0.50	X						0	0	0
BEACH PATRICK TRUSTEE	0.50	X						0	0	0
BECERRA-JONES YOLANDA TRUSTEE	0.50	X						0	0	0
BEYZAEE ESQ AFSHIN TRUSTEE	0.50	X						0	0	0
COBB CATHLEEN M TRUSTEE	0.50	X						0	0	0
COLLINS TIMOTHY J TRUSTEE	0.50	X						0	0	0
DAMICO RICHARD G TRUSTEE	0.50	X						0	0	0
DAMICO SUSAN TRUSTEE	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAHLMAN WILLIAM TRUSTEE (LEFT 1/2022)	0.50	X						0	0	0
DARNELL GARY TRUSTEE	0.50	X						0	0	0
DEVERICKS ROB TRUSTEE	0.50	X						0	0	0
DOMINGO-FORASTE DOUGLAS TRUSTEE	0.50	X						0	0	0
EVANS ESQ GREGORY L TRUSTEE	0.50	X						0	0	0
GARCIA ESQ BONIFACIO BONNY TRUSTEE	0.50	X						0	0	0
HINES BARBARA BRANDLIN TRUSTEE	0.50	X						0	0	0
HOGAN MICHAEL MIKE TRUSTEE	0.50	X						0	0	0
KRAUSS GARY D TRUSTEE	0.50	X						0	0	0
LARSON STEPHEN G TRUSTEE	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LO COCO JAMES R TRUSTEE	0.50	X						0	0	0
MALLOY PAGE TRUSTEE	0.50	X						0	0	0
MALONEY ESQ MICHAEL J TRUSTEE	0.50	X						0	0	0
MCFERSON SEAN K TRUSTEE	0.50	X						0	0	0
O'BRIEN MICHAEL D TRUSTEE	0.50	X						0	0	0
PSOMAS MICHAEL T TRUSTEE	0.50	X						0	0	0
RZETELJSKI VIKTOR TRUSTEE	0.50	X						0	0	0
SCHMITT FREDERICK K TRUSTEE	0.50	X						0	0	0
VALENCIA ESQ MARIA GUADALUPE TRUSTEE	0.50	X						0	0	0
VOGELSANG PETER J TRUSTEE	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALSH ESQ DAVID M TRUSTEE	0.50	X						0	0	0
WARDLAW JR ESQ WILLIAM M TRUSTEE	0.50	X						0	0	0
WHITE JOHN A TRUSTEE	0.50	X						0	0	0
YOSHITAKE TODD TRUSTEE	0.50	X						0	0	0
ZAGSEBSKI ESQ SANDER C TRUSTEE	0.50	X						0	0	0

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number
95-1690973

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	36,433,137	51,227,920	41,894,992	45,425,092	39,567,088	214,548,229
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
4	Total. Add lines 1 through 3	36,433,137	51,227,920	41,894,992	45,425,092	39,567,088	214,548,229
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,719,350
6	Public support. Subtract line 5 from line 4.						189,828,879

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	36,433,137	51,227,920	41,894,992	45,425,092	39,567,088	214,548,229
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	132,444	230,055	111,713	27,545	44,277	546,034
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,235,431	1,190,024	1,060,613	465,671	739,769	4,691,508
11	Total support. Add lines 7 through 10						219,785,771
12	Gross receipts from related activities, etc. (see instructions)					12	61,698,480

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	86.370 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	87.100 %

- 16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number 95-1690973

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values. Rows 5-6 for donor and grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for preservation types, a table for conservation details (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,697,639	2,166,656	2,043,278	1,921,039	1,783,176
b Contributions					
c Net investment earnings, gains, and losses	-211,944	542,337	127,832	138,093	154,568
d Grants or scholarships					
e Other expenditures for facilities and programs	18,285	11,354	4,454	15,854	16,705
f Administrative expenses					
g End of year balance	2,467,410	2,697,639	2,166,656	2,043,278	1,921,039

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 32.468 %
 - c** Term endowment ▶ 67.532 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | No | |
| (ii) Related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,312,269		27,312,269
b Buildings		19,115,561	8,328,920	10,786,641
c Leasehold improvements		1,609,197	452,987	1,156,210
d Equipment		4,344,584	3,504,302	840,282
e Other		1,573,680		1,573,680
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				41,669,082

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN SEPARATE ORGANIZATION	299,267,606
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	299,267,606

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM GOVERNMENT FUNDERS	1,412,362
(3) REFUNDABLE ADVANCE	2,100,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,512,362

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	40,228,782
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,979,035
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-11,205,353
e	Add lines 2a through 2d	2e	-14,184,388
3	Subtract line 2e from line 1	3	54,413,170
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,543
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	54,543
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	54,467,713

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	53,458,164
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	657,272
e	Add lines 2a through 2d	2e	657,272
3	Subtract line 2e from line 1	3	52,800,892
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,543
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	54,543
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	52,855,435

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1690973

Name: CATHOLIC CHARITIES OF LOS ANGELES INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	CATHOLIC CHARITIES HAS ENDOWMENT FUNDS WITH A CORPUS OF \$801,113 WHICH IS INVESTED IN PERP ETUITY. THE INCOME IS RECOGNIZED AS TEMPORARILY RESTRICTED AND USED FOR DESIGNATED PROGRAMS AS NEEDED. ALL INCOME EARNED SINCE THE FUNDS' DONATION DATE IS HELD AS TEMPORARILY RESTRICTED UNLESS SPECIFICALLY EXPENDED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 270,569. UNREALIZED LOSS ON BENEFICIAL INTEREST IN SEPARATE ORGANIZATION -11,862,625. COST OF GOODS SOLD 386,703.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 270,569. COST OF GOODS SOLD 386,703.

SCHEDULE G (Form 990)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
 CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number
 95-1690973

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 KRISTAN O'DONNELL 1022 E CANON PERDIO ST SANTA BARBARA, CA 93103	SOLICITATION OF NON-GOVERNMENT GRANTS		No	57,100	16,200	40,900
2 ERIC LANE 12358 SANDY CT WHITTIER, CA 90602	SOLICITATION OF NON-GOVERNMENT GRANTS		No	0	16,250	-16,250
3						
4						
5						
6						
7						
8						
9						
10						
Total				57,100	32,450	24,650

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SB MISTLETOE BALL (event type)	SPIRIT OF GIVING (event type)	32 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	321,285	292,606	1,657,774	2,271,665
	2 Less: Contributions	261,809	200,384	1,173,064	1,635,257
	3 Gross income (line 1 minus line 2)	59,476	92,222	484,710	636,408
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	45,453	32,378	192,548	270,379
	8 Entertainment				
	9 Other direct expenses	5,102	46,011	219,456	270,569
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				540,948
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				95,460

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number 95-1690973

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) VDHS WORK STUDY INC, 30-1232767, 501(C)(3), 15,000, 0, TO ASSIT WITH THEIR MISSION.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	PRIOR TO ISSUING GRANTS, RECEIPIENTS ARE VETTED TO ENSURE THE FUNDS WILL BE USED IN THE MANNER INTENDED.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number
95-1690973

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	1a		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	3				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No								
	4b		No								
	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No								
	5b		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No								
	6b		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number
95-1690973

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		6,806	FAIR MARKET VALUE
5 Clothing and household goods	X		1,440,755	FAIR MARKET VALUE
6 Cars and other vehicles	X	1	12,767	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1,814	5,947,761	FAIR MARKET VALUE
20 Drugs and medical supplies	X	13	8,845	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>UTILITY</u>)	X	110	166,497	FAIR MARKET VALUE
25 Other ▶ (<u>VOUCHERS</u>)				
25 Other ▶ (<u>TOYS & SPORTS</u>)	X	102	105,169	FAIR MARKET VALUE
26 Other ▶ (<u>EQUIPMENT</u>)				
27 Other ▶ (<u>DIAPERS</u>)	X	64	22,756	FAIR MARKET VALUE
27 Other ▶ (<u>TRANSPORTATION</u>)	X	28	20,535	FAIR MARKET VALUE
28 Other ▶ (<u>VOUCHERS</u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?			No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		Yes	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.
PART I, LINE 32B:	CCLA USED "CHARITABLE ADULTS RIDE SERVICES" TO SELL DONATED VEHICLES.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS MR. RICHARD D'AMICO AND MRS. SUSAN D'AMICO ARE MARRIED. BOARD MEMBER MICHAEL D. O'BRIEN AND DANIEL O'BRIEN, CHIEF FINANCIAL OFFICER HAVE A FAMILY RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE INCUMBENT ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES IS THE SOLE MEMBER OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRUSTEES, OTHER THAN THOSE SERVING BY BEING AN AUTHORIZED REGIONAL OR PROGRAM REPRESENTATIVE, ARE APPOINTED BY THE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER HAS THE SOLE POWER TO APPROVE 1) THE ELECTION, APPOINTMENT OR REMOVAL OF ANY TRUSTEE OR OFFICER, 2) ANY ACTION, AMENDMENT OR REPEAL OF THE ARTICLES OF INCORPORATION OR BY-LAWS, 3) THE AMENDMENT OR REPEAL OF ANY AMENDMENT BY THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT AMENDABLE OR REPEALABLE, 4) AN ADOPTION OF A PLAN OR MERGER OR CONSOLIDATION OR A VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOCATION PROCEEDINGS, 5) THE AUTHORIZATION OF A SALE, EXCHANGE MORTGAGING OR ENCUMBERING OF ANY REAL PROPERTY (WITH CERTAIN EXCEPTIONS) OR ADOPTION OF A PLAN FOR THE DISTRIBUTION OF ASSETS OF THE CORPORATION, AND 6) ANY SELF-DEALING TRANSACTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF TRUSTEES DELEGATED THE REVIEW OF FORM 990 TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE FILING OF THE RETURN. AFTER THE RETURN WAS APPROVED, THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS. AFTER THE FORM WAS PROVIDED TO ALL BOARD MEMBERS, IT WAS ELECTRONICALLY FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT THE BEGINNING OF EACH CALENDAR YEAR, ALL TRUSTEES ARE REQUIRED TO SUBMIT A "CONFLICT OF INTEREST QUESTIONNAIRE." THEY ARE ASKED TO RETURN THE QUESTIONNAIRES IN A REASONABLE AMOUNT OF TIME TO THE CORPORATE SECRETARY WHO CONTINUES TO FOLLOW UP WITH THE TRUSTEE UNTIL THE QUESTIONNAIRE IS RETURNED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE REVEREND MONSIGNOR GREGORY A. COX'S SALARY IS COMPARABLE TO OTHER RELIGIOUS PERSONNEL, WHICH IS FAR LESS THAN NORMAL EXECUTIVE DIRECTOR COMPENSATION. ALL OTHER SALARIES (FROM HIGHEST TO LOWEST) ARE SET ACCORDING TO RANGES DEVELOPED FROM EXTERNAL DATA DERIVED FROM SALARY SURVEYS AND INDEPENDENT CONSULTANTS' INFORMATION. COMPENSATION IS REVIEWED ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	OUR AUDITED FINANCIAL STATEMENTS, THE ORGANIZATION'S FORM 990, AND OUR ANNUAL REPORT CAN BE FOUND ON OUR WEBSITE. OUR FORM 990 IS ALSO AVAILABLE ON GUIDESTAR AND CHARITY NAVIGATOR. CATHOLIC CHARITIES WILL ALSO PROVIDE A COPY OF THE FORM 990, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROGRAM SUBCONTRACTOR: PROGRAM SERVICE EXPENSES 7,996,535. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,996,535. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 268,292. MANAGEMENT AND GENERAL EXPENSES 100,809. FUNDRAISING EXPENSES 7,921. TOTAL EXPENSES 377,022.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	LOSS ON THE VALUE OF THE BENEFICIAL INTEREST IN SEPARATE ORGANIZATION -11,862,625.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CATHOLIC CHARITIES OF LOS ANGELES INC

Employer identification number

95-1690973

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE ROMAN CATHOLIC ARCHDIOCESE OF LOS ANGELES 3424 WILSHIRE BLVD LOS ANGELES, CA 90010 95-1642382	RELIGIOUS	CA	501(C)(3)	LINE 1			No
(2) OPUS CARITATISINC 1531 JAMES M WOOD BLVD LOS ANGELES, CA 90015 20-1021326	SUPPORTING	CA	501(C)(3)	LINE 12B, II		Yes	
(3) CATHOLIC CHARITIES COMMUNITY DEVELOPMENT CORPORATION PO BOX 15095 LOS ANGELES, CA 90015 95-4172572	COMMUNITY DEVELOPMENT	CA	501(C)(3)	LINE 11			No
(4) CATHOLIC COMMUNITY FOUNDATION OF LOS ANGELES 3440 WILSHIRE BLVD SUITE 530 LOS ANGELES, CA 90010 38-3941057	COMMUNITY FOUNDATION	CA	501(C)(3)	LINE 7			No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OPUS CARITATIS	C	3,283,490	CASH

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation